Roseland Care Limited

Charters Court Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Charters Court Nursing and Residential Home provides care and support for up to 60 people. The home is divided into three suites, and people live in the suite that best suits their needs. They cover residential, nursing and dementia care. Care is provided over two floors with a passenger lift and stairs to meet people's needs. The home has been purpose built to meet the needs of elderly people with physical and mental health support needs. At the time of our visit 27 people lived at the home.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager of the home had submitted their application to the Care Quality Commission to become the registered manager of the home.

Summary of findings

The home was light and airy. Excellent adaptations had been made for people with mobility needs, such as wide corridors and doorways. Good provision was provided for people that lived with dementia, to prompt memory's and remain active. The manager and staff worked well to keep the environment clean and feeling homely for people. People were positive about their experiences at the home. One person told us, "It's very nice here. Staff come and have a chat, and we have a laugh together." Staff said, "It's all about the people here; making sure they are happy enjoying themselves in their home, and looked after in a proper way."

The inspection took place on 04 November 2015 and was unannounced. At our previous inspection in January 2015 we had identified three concerns. These have since been addressed by the manager.

There was positive feedback about the home and caring nature of staff from people and their relatives. One person said, "I am perfectly content and happy here." When asked if anything could be improved they said, "Quite honestly, no. They give exactly what I need."

People were safe at Charters Court Nursing and Residential Home. There were sufficient staff deployed to meet the needs and preferences of the people that lived there. Staff were available when people at risk of falls were moving around, or when people asked for help. One person said, "I never have to wait for staff."

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. One person said, "I get to go out for a walk every day. The first time staff helped and showed me around (for safety), now I go out on my own when I want." Staff understood their duty should they suspect abuse was taking place.

In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building.

The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received training and induction to support the individual needs of people in a safe way.

People received their medicines when they needed them. Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. People told us that staff did ask their permission before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had enough to eat and drink, and received support from staff where a need had been identified. One person said, "We have a choice of meals and can always ask for something different." Specialist diets to meet medical or religious or cultural needs were provided.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. When people's health deteriorated staff responded quickly to help people and made sure they received appropriate treatment. People's health was seen to improve due to the care and support staff gave.

The staff were kind and caring and treated people with dignity and respect. One person said, "Staff are nice; I'm very impressed, they are all very friendly." Good interactions were seen throughout the day of our inspection, such as staff holding people's hands and sitting and talking with them. People could have visitors from family and friends whenever they wanted.

Care plans were based around the individual preferences of people as well as their medical needs. They gave a good level of detail for staff to reference if they needed to know what support was required. People's involvement in the review and generation of these plans had been recorded. People received the care and support as detailed in their care plans.

People had access to activities that met their needs. Group activities were available to people during the week. Individualised activity plans were being further developed. The staff knew the people they cared for as individuals.

People knew how to make a complaint. Documents recorded that complaints had been responded to in accordance with the provider's policy.

Summary of findings

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. Records for checks on health and safety, infection control, and internal medicines audits were all up to date. Accident and incident records were kept, and were analysed and used to improve the care provided to people.

People had the opportunity to be involved in how the home was managed. Meetings and surveys were completed and the feedback was reviewed, and used to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff to meet the needs of the people. People received support quickly when they needed it.

Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety and put guidelines for staff in place to minimise the risk.

People felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Is the service effective?

Good

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve when they came to live here.

Is the service caring?

Good

The service was caring.

People told us the staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals; People told us that they could understand staff.

People were supported to be independent and make their own decisions about their lives. They could have visits form friends and family whenever they wanted.

Is the service responsive?

Good

The service was responsive to the needs of people.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans.

Summary of findings

People had access to activities; these were being improved to be more individualised and meet the interests and needs of the people.

People knew how to make a complaint. There was a clear complaints procedure in place. Complaints had been dealt with in line with the provider's policy.

Is the service well-led?

Good

The service was well- led.

Quality assurance records were up to date and used to improve the service.

People and staff were involved in improving the service. Feedback was sought from people via an annual survey, and information gained displayed for people and staff to see.

People were complimentary about the friendliness of the staff. Staff felt supported and able to discuss any issues with the manager.

The home did not have a registered manager; the current manager had submitted their application the CQC.

Charters Court Nursing and Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 04 November 2015 and was unannounced.

The inspection team consisted of three inspectors and a nurse specialist who was experienced in caring for elderly people.

Before the inspection we gathered information about the home by contacting the local authority safeguarding and quality assurance team. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with ten people, three relatives, and seven staff which included the manager and area manager. We observed how staff cared for people, and worked together. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also reviewed care and other records within the home. These included six care plans and associated records, seven medicine administration records, seven staff recruitment files, and the records of quality assurance checks carried out by the staff.

At our previous inspection in January 2015 we had identified three concerns at the home. At this visit we saw the provider and manager had taken action to improve the home for people.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Charters Court Nursing Home. One person told us, "I feel perfectly safe". Another told us, "I am happy here as I have people around me to help."

There were sufficient staffing levels to keep people safe and support the health and welfare needs of people living at the home. One person said, "If I press the call button someone always comes. I am surprised at how quick they come." Relatives told us they felt their family member was well supported by the staff, and they did not have to wait for staff support.

Planning to ensure there were enough staff to meet people's needs was safe. Staff told us there had been some issues with staffing levels earlier in the year, but this had now been sorted by the manager. People's care needs had been assessed and a staffing level to meet those needs had been set by the provider. Levels of staff seen during the day of our inspection matched with the level identified by the provider as being required to meet people's needs. Staffing rotas also confirmed that the appropriate number of staff had been in the home to support people for the previous month. The manager explained they were improving the system by reviewing the assessment model to take into account a nursing based assessment, rather than just a residential based assessment, to ensure that people's needs were met as the home took in more people.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the keyworker to look for patterns that may suggest a person's support needs had changed. Where a trend had been identified, such as an increase in falls, appropriate measures were taken to help people. Sensor mats were installed to alert staff when people got up, so staff could check if they needed support. This had a positive impact and improved the situation for the people, and the falls had decreased.

People were protected from the risk of abuse. Staff understood their responsibilities in relation to safeguarding people. Staff were able to describe the correct safeguarding procedures should they suspect abuse, and that a referral to an agency, such as the local Adult Services Safeguarding Team should be made. Staff understood the process of whistleblowing and felt confident they would be supported by the provider.

People were kept safe because the risk of harm from their health and support needs had been assessed. Assessments had been carried out in areas such as nutrition and hydration, mobility, and pressure sores. Measures had been put in place to reduce these risks, such as pressure relieving equipment for people at risk of developing pressure sores, or specialist equipment to help prevent falls had been installed. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

People were cared for in a clean, well maintained and safe environment. The home was a new build and had been purposely built to meet the needs of elderly people, those living with dementia, and those that had mobility needs. Corridors were wide and flooring was in good condition to enable people using wheelchairs to move around freely. The risk of trips and falls was also reduced. Cleaning plans were in place and staff did a good job at keeping the home clean and fresh. Staff followed best practice when providing care, or carrying out cleaning duties, such as wearing gloves and aprons and washing their hands. One person said, "Staff always wear gloves and aprons when they wash me. They keep gloves in my cupboard, so I know they are only used for me."

Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, fire safety and clinical waste disposal. Staff worked within the guidelines set out in these assessments. Equipment used to support people was regularly checked to make sure it was safe to use. Items such as hoists and fire safety equipment were regularly checked. A call system was in place to alert staff when people needed assistance. Each staff member had a pager that identified where the alarm had been sounded. This improved the speed of response as they did not need to go to a central point to see who had sounded the alarm.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and recorded by staff in personal emergency evacuation plans (PEEPs). These gave

Good

Is the service safe?

clear instructions on what staff were required to do to ensure people were kept safe. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. Clear guidelines were also in place and staff understood their role to support someone should they choke.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The concerns we had identified at our previous inspection had been addressed.

People's medicines were managed and given safely. People were involved in the process and risks from people managing their own medicines were managed well. A person said, "I get my medicine when I need it. I could say no if I wanted, they always ask me. I could manage my own medicine if I wanted, but I prefer them to do it." Another person said, "I can keep my own medicines here and I take them myself. I could ask them to take over if I want; they come and check and ask if they can come in and check them out. The door to my medicines is locked and I keep the key."

Staff that administered medicines to people received appropriate training, which was regularly updated. Their competency was also checked by a senior staff member to ensure they followed best practice. Staff who gave medicines were able to describe what the medicine was for, how it affected the person's body and any precautions they needed to take, to ensure people were safe when taking it.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. An external provider managed the delivery and disposal of medicines and records confirmed this had been carried out in line with the provider's medicine policy. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use. Medicine given on an 'as needed' basis was managed in a safe and effective way and staff understood the purpose of the medicines they administered.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. One person said, “They do ask my permission, they listen to what I say and come back later if I say no.”

The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed. Assessments of people’s mental capacity had been completed. Where people did not have capacity, relatives with a Power of Attorney confirmed they were consulted by staff and involved in making decisions for their family member. Where covert medicines (medicines that may be hidden so the person does not know they are taking them) were given there was a full mental capacity assessment completed by a psychiatrist; a full mental health assessment; and a best interest’s assessment completed. This recorded who had been involved, and other alternatives that had been tried. The decision was also reviewed every three months to check if it was still necessary, so the person’s rights to make decisions for themselves were not ignored.

Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people’s right to take risks and the necessity to act in people’s best interests when required. They were able to describe the purpose of the Act to us and its potential impact on the people they were caring for. Training records provided by the manager confirmed that staff had completed training in this area. During the inspection staff were heard to ask people for their permission before they carried out tasks, such as supporting them to get out of chairs.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people’s freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People and relatives told us that care staff had sufficient knowledge and skills to enable them to care for people. People told us they thought staff knew how to take care of them. Staff told us training had been provided to enable them to do their jobs.

Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they had the skills to support people effectively. The induction period covered the layout of the home, who runs the home, the different units and the people living in them, medicines and policies. They were trained before they started to support people. Staff received regular ongoing training to ensure their skills where kept up to date.

Staff were effectively supported. Staff told us that they felt supported in their work. Staff had had regular supervisions (individual one to one meetings with their line manager) and appraisals. Staff told us they could approach management anytime with concerns.

People had enough to eat and drink to keep them healthy and were happy with the quality, quantity and choice of food and drinks available to them. One person said, “It's lovely food. It's like a 5-star hotel.” Another person said, “I enjoy it. There is so much food here.” People were involved in the menu planning and regularly had their favourite meals. If people did not like what was on the menus an alternative was always provided. One person said, “We choose what we want the day before, but I could change my mind on the day if I wanted.”

Lunch was observed to be a quiet, dignified and social event. People were able to choose where they would like to eat, and who they sat with at the tables. People ate independently or were supported by staff when needed. Staff were patient and waited until people were ready for their next portion. Staff chatted with them during the meal

Good

Is the service effective?

and sat face to face, ensuring people had their attention. People were offered explanations and choices by staff, such as what was in the food or how many sausages people would like.

People's special dietary needs were met. One person said, "I have a specialist diet which is catered for." Staff were able to tell us about people's food needs, and as the meal was bought to each unit the chef explained to staff what allergens where in each choice, and who had special meals, to ensure people had the correct type of food to meet their needs. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received support to keep them healthy. People said they were able to see the doctor whenever they needed to, or go to hospital if necessary. One person said, "I could see my own GP if I wished. A visiting doctor also comes once a week, which I could see if I wanted." Another person said, "If I tell them I am unwell they get the doctor for me." Care files demonstrated that people had regular access to external health care professionals. Regular visits were also carried out by a dentist, chiropodist, and tissue viability nurse.

Where people's health had changed appropriate referrals were made to specialists to help them get better. One person said, "Staff are very good, one nurse noticed my blood pressure was too high and got me to hospital." Another said, "I have a problem hearing and they have got me an appointment to have it checked out." Care records demonstrated that where people's needs had changed appropriate support was sought. People had access to speech and language therapist (SALT), and occupational therapists to aid with their mobility needs. Contact was also sought from specialist societies to ensure the staff had up to date information to care for people, for example the Multiple Sclerosis Society. A health care professional had written a letter to the home about how effective the care was at promoting people's health. It said, "When X moved to Charters Court they had very swollen legs. Since their admission these have reduced significantly."

Good

Is the service caring?

Our findings

We had positive feedback from people about the caring nature of the staff. People told us that they had good relationships with staff and that staff were kind and caring. One person said, ""They are very caring, and have got to know me as a person. Sometimes they sit and chat with me."

Another person said, "Staff are very friendly and helpful. They move them around between the units (at the home), but we know them, and they know us." A relative said, "They spend time chatting with my family member."

People looked well cared for, with clean clothes, tidy hair and appropriately dressed. The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner.

Staff were very caring, attentive and had good interactions with people. They knew the people they looked after. Many positive, friendly and caring interactions were seen between people and staff around the home. One person's said to a staff member, "Are you going to the exercise class?" The carer replied: "Are you trying to tell me I need to?" The person replied "Well now you mention it!" Both then erupted in laughter. In another part of the home a person was doing a word search with a member of staff. They were looking for the word 'horror' and said, "I have one here!" laughing and pointing at the staff member. Staff really interacted well with people, and took time to sit and talk with them. When people returned form the hairdressers they received positive comments from the staff team. People responded well to this interaction, and it showed that staff had shown an interest in them. A person described how they felt cared for when they returned from hospital, "When I came home (here) they (staff) were all waiting for me and they sorted me out."

Staff were knowledgeable about people and their past histories. One person said, "They know I like to do things my own way." Relatives told us staff knew their family member well enough to be able to support them with their care needs. Care records recorded personal histories, likes and dislikes. Throughout the home it was evident the staff knew the residents well. Relatives told us staff were friendly and polite when they visited; staff were able to update them about their family member. Staff said, "We read the care plans, but the most important thing about finding out about someone is to sit and talk with them." Staff were seen to do this throughout the inspection.

Staff communicated effectively with people. An example was seen where staff sat with person talking with them. They were very cheerful with the person, laughing and a joking with them over the activity the person was doing. When the person said the staff had spoken too fast, the staff member apologised and slowed their speech down. Staff were seen to speak to people in a manner and pace which was appropriate to their levels of understanding and communication.

People's dignity and privacy were respected by staff. One person said, "They look after me here; They involve me and talk to me when they give me care." Another person said, "It's my choice to have my door open, they close the door when they give me personal care." Staff explained how they protected people's privacy and gave examples such as ensuring people were covered when they were provided personal care and curtains and doors were closed.

Staff treated people with dignity and respect when supporting them to move, such as getting up from or sitting down in chairs. They supported them to sit appropriately, and adjusted their clothing to keep them covered. Staff were very caring and attentive throughout the process. When giving personal care in people's rooms, a clear sign was placed on the door to notify others not to enter the room to protect the person's dignity and privacy. When asking people questions, such as if they wanted to go to the toilet, staff spoke quietly to protect the person's dignity and crouched down so they were at the person level, to show respect.

People were given information about their care and support in a manner they could understand. When asked if they felt they were involved in decisions about their care one person said, "Well yes, I think so. I do what I like really. I have my own routine." Staff talked to a person about booking an appointment for them due to a condition they had. Staff involved the person and clearly explained the options, and listened to what the person wanted to happen.

People's rooms were personalised with family photographs, ornaments and furniture. This made the room individual to the person that lived there. People's

Good

Is the service caring?

needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services so they could practice their faith. Relatives told us they were free to visit when they chose to. One person said, “People, friends and relatives can visit me when I want.”

Good

Is the service responsive?

Our findings

People were positive about how the service met their needs. A relative said, “I think my family member is leading a very good life here.” People’s care and treatment was planned and delivered to reflect their individual care plan. The records were legible and up to date.

People’s needs had been assessed before they moved into the service to ensure that their needs could be met. One person said, “The manager came and visited me in my home to find out about me and what I needed.” Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility.

People were involved in their care and support planning. People confirmed that they had been involved in completing the care plans. One person said, “I have a care plan, they asked me things to put in it.” Where people could not be involved themselves relatives were involved. People and relatives were able to record comments in the care files, concerning the care received. One relative had recorded, “Dad looks healthier, his general demeanour is more positive.” Relatives were very pleased with the care and support given.

People's choices and preferences were documented and those needs were seen to be met. There was detailed information concerning people’s likes and dislikes and the delivery of care. Areas such as lifestyle schedule were completed, which covered people’s routine for the day. A map of their life had also been completed. Care plans were written in a positive way, and guidance given to staff to encourage people to participate in activities and assist them in lifestyle choices. Care plans were comprehensive and were person-centred, focused on the individual needs of people.

Care plans addressed areas such as communication, keeping safe in the environment, personal care, pain management, sleeping patterns, moving and handling needs, and behaviour and emotional needs. The information matched with that recorded in the initial assessments, giving staff the information to be able to care for people. The care plans contained detailed information about the delivery of care that the staff would need to provide. Care planning and individual risk assessments were reviewed monthly, with appropriate ongoing observations, or more frequently if required to keep them up to date.

People had access to a range of activities. One person said, “I keep myself busy. I went out yesterday to lunch at the pub.” Another person said, “I went out yesterday to the garden centre, it was very nice.” Improvements had been made to the provision of activities for people since our last inspection. More outings in to the community were offered, and more was available in the home. Further improvements were also planned by the manager, such as making use of the lounge in the centre of the building to hold coffee mornings for everyone at the home. This would enable them to mingle with people who lived in other parts of the home. A second activities person had also been offered a position at the home. The manager was aware of the need to ensure that people’s individual interests were supported, for example one person loved to play cards, but there was no one else living at the home who played. A relative felt that their family member could benefit by doing activities linked to their previous employment, the manager received this feedback and said they would look into these issues. Other people did have their hobby needs supported. One person was a gardener. The home had purchased two large raised planters, a trowel and many plants so that they could carry on their hobby at the home.

People who lived with the experience of dementia lived in an environment that prompted memories and there were plenty of points of interest for them to become involved in during the day. Items such as memory boxes on the doors, memory tables, tactile hat stand, and a camera table were in place. Other activities included jigsaws and knitting available on the shelves and chess sets set up ready to be played. There were clear notices on the doors so people would know where they led.

There was a secluded garden area available for people to walk in. It had been very carefully planned to give sight, touch and smell stimulus. This was an ongoing project. They had rescued chickens as an added interest for people to watch and help feed.

People’s independence was promoted by staff. When staff supported people to transfer to a wheelchair, staff encouraged people to support themselves as much as they could. Staff used words of reassurance. We saw people who attempted to support themselves and found it difficult.

Good

Is the service responsive?

Staff offered an alternative method of transfer, involving the person in the decisions. This method was successful. The person involved had been supported to maintain their independence as much as possible. Another example was where people were able to manage their own medicines.

People were supported by staff that listened to and responded to complaints. People told us they could raise issues they had with no concerns. People and relatives knew how to raise a concern or make a complaint. One person said, "I would talk about it. I would tell someone." Another said, "I would complain to the office, but I haven't needed to." People told us they would feel comfortable making a complaint if they needed to and were confident that any concerns they raised would be addressed. One person said, "If ever I ask for anything it's done. I asked for an extra handrail in my shower and they lowered the hooks on my door so I could reach them more easily."

There was a complaints policy in place. The policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. A relative confirmed they knew how to make a complaint, but have never felt the need to.

Complaints had been dealt with in line with the provider's policy, and to the satisfaction of people that made them. One person said, "When I moved in I told them it was a bit noisy in the nursing unit. They let me move to another unit, and I was able to choose which room I wanted."

Good

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived here, the staff and the manager. Staff told us the organisation was fair and open and they enjoyed working here. They told us the values of the organisation were to support people in a kind and compassionate way, with dignity and respect. This was what we saw happen during our inspection.

Records management was generally good. We did identify a few minor issues with completion of records. The manager had already identified some of these issues and was working to correct them. The concerns we had identified at our previous inspection had been addressed.

Senior managers were involved in the home. A representative from the provider carried out monthly visits. These visits included talking with people, staff, an inspection of the premises and reviewing care records. An action plan was generated, which was then reviewed at each visit to ensure actions had been completed.

Regular checks on the quality of service provision took place and results were actioned consistently to improve the service people received. The manager and other senior staff regularly checked to ensure a good quality of care was being provided to people. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. External audits were also completed such as pharmacy audit of medicines. These audits generated improvement plans which recorded the action needed, by whom and by when. Actions were being completed, for example staff supervisions and appraisals, which had been identified in an earlier internal audit, were now taking place. The concerns we had raised at our previous inspection had been addressed.

People and relatives were included in how the service was managed. One person said, “We have had a few residents meetings. It’s a good place for a natter.” Feedback was acted on. The manager ensured that various groups of people were consulted for feedback to see if the service had met people’s needs. This was done annually by the use of a questionnaire. Surveys had been completed in July 2015. Individual responses had been recorded and a summary report had been generated, which showed the results had been reviewed. Areas covered included were people happy at the home, their room kept clean, activities, staff approachable and sympathetic, satisfied with care practice. Areas that had been identified as needing improvement, such as the food, had been actioned. Feedback received was analysed and displayed for people and staff to see. Comments received included, “So much kindness from everyone.”

Staff felt supported and able to raise any concerns with the management. One staff member said, “Oh yes, I feel very supported. If I have a problem I can always go to the manager. She is very accessible.” Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. Staff understood what whistle blowing was and that this needed to be reported. They knew how to raise concerns they may have about their colleague’s practices. Staff told us they had not needed to do this, but felt confident to do so.

Staff were involved in how the service was run and improving it. They were invited to staff meetings held by the manager. These discussed any issues or updates that might have been received to improve care practice. One staff said, “The team briefing covers improvements.” Another said, “I know this sounds cheesy, but this really is a great place to work. They listen to anything extra I need to do my job and I am clear on what they want me to do.” When asked how feedback was used to improve the service one staff said, “The line manager talks about areas we can improve, we talk with other departments to discuss ideas to make the service better.”

Staff were also asked for their feedback and suggestions about the home. A survey was completed earlier in the year. It covered topics such as: if they felt supported, was the home appropriate to meet people’s needs and appropriate for the care they give. Issues had been identified at the time. During this inspection these issues were not raised by staff which showed that these had been addressed by the management.

The home was currently without a registered manager. A new manager was in post and their application to CQC had been submitted. The new manager provided good leadership for the home and supported the staff team in providing care and support when needed.

The manager was visible around the home on the day of our inspection. One person said, “I have met the manager

Good

Is the service well-led?

and I see her walking around watching what is happening." This gave them opportunity to observe the care and support that staff gave to people, to ensure it was of a good standard. One staff member said, "The manager does spot checks day and night." The manager was available to people and relatives if they wished to speak to them. One person said, "The manager will appear and ask us if everything is all right, and if we have anything to raise with her." The manager had a good rapport with the people that lived here and knew them as individuals. They had already identified areas to improve the home and had an action plan in place. Appropriate actions were being completed as per their plan.

The manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home.